In re	Demetrius Bertrand Dickerson, Sr.	
	Debtor(s)	According to the information required to be entered on this statement
Case Number:		(check one box as directed in Part I, III, or VI of this statement):
	(If known)	\square The presumption arises.
		■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

	Part II. CALCULATION OF M	ON	THLY INCO	ME I	FOR § 707(b)(7	7) E	XCLUSION	
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. □ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Infor Lines 3-11.						ther than for the		
	 c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") 						_	
	All figures must reflect average monthly income re calendar months prior to filing the bankruptcy case the filing. If the amount of monthly income varied	eceiv	ed from all sources ding on the last day	, deriv	ved during the six e month before	Τ -	Column A Debtor's	Column B Spouse's
	six-month total by six, and enter the result on the a	appro	opriate line.				Income	Income
3	Gross wages, salary, tips, bonuses, overtime, cor					\$	4,240.81	\$ 0.00
4	Income from the operation of a business, profess enter the difference in the appropriate column(s) of business, profession or farm, enter aggregate number ont enter a number less than zero. Do not include Line b as a deduction in Part V.	f Lin oers a	e 4. If you operate and provide details part of the busine	more on an	e than one attachment. Do penses entered on			
	a. Gross receipts	\$	Debtor 0.00	\$	Spouse 0.00			
	b. Ordinary and necessary business expenses	\$	0.00		0.00			
	c. Business income	Sul	btract Line b from l	Line a	ı	\$	0.00	\$ 0.00
5	Rents and other real property income. Subtract the appropriate column(s) of Line 5. Do not enter part of the operating expenses entered on Line by a. Gross receipts	a nu	mber less than zero	. Do t V.				
	b. Ordinary and necessary operating expenses	\$	0.00	\$	0.00			
	c. Rent and other real property income	Sul	btract Line b from l	Line a	l	\$	0.00	\$ 0.00
6	Interest, dividends, and royalties.					\$	0.00	\$ 0.00
7	Pension and retirement income.					\$	0.00	\$ 0.00
8	Any amounts paid by another person or entity, of expenses of the debtor or the debtor's dependent purpose. Do not include alimony or separate main spouse if Column B is completed. Each regular pair a payment is listed in Column A, do not report the	ts, in tenai	ncluding child sup nce payments or an nt should be report	port p nounts ed in	oaid for that s paid by your	\$	0.00	\$ 0.00
9	Unemployment compensation. Enter the amount is However, if you contend that unemployment comp benefit under the Social Security Act, do not list the or B, but instead state the amount in the space below.	ensa ne am	ation received by yo	u or y	your spouse was a			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debto	r \$	0.00 Spo	ouse \$	0.00	\$	0.00	\$ 0.00
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Debtor Spouse							
	a. wife's job at Pacific Medical Centers	\$	3,485.32	\$	0.00			
	b.	\$		\$				
	Total and enter on Line 10				\$	3,485.32	\$ 0.00	

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	7,726.13
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 92,713.56
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	
14	a. Enter debtor's state of residence: WA b. Enter debtor's household size: 7	\$ 102,904.00
15	 Application of Section 707(b)(7). Check the applicable box and proceed as directed. ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. □ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. 	ot arise" at the

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16 Enter the amount from Line 12.					\$	
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. S						
	d.			\$		
	Total and enter on Line 17					\$
18	Current monthly income for § 70°	7(b)(2). Subtract Lin	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION	OF DI	EDUCTIONS FROM	INCOME	
	Subpart A: Dec	luctions under Sta	andard	s of the Internal Revenu	e Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tay return, plus the number of any additional dependents whom					
	Persons under 65 year a1. Allowance per person	rs of age	a2.	Persons 65 years of age Allowance per person	or older	
	a1. Allowance per personb1. Number of persons		b2.	Number of persons		
	c1. Subtotal		c2.	Subtotal		\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of					\$
	any additional dependents whom yo	ou support.				Ψ

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy or the number that would currently be allowed as exemptions on your fee any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42					
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
	Local Standards: transportation; vehicle operation/public transportation	rtation expense.				
	You are entitled to an expense allowance in this category regardless of					
22A	vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are				
ZZA	$\square \ 0 \square \ 1 \square \ 2$ or more.					
	If you checked 0, enter on Line 22A the "Public Transportation" amou					
	Transportation. If you checked 1 or 2 or more, enter on Line 22A the 'Standards: Transportation for the applicable number of vehicles in the					
	Census Region. (These amounts are available at www.usdoj.gov/ust/ o		\$			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)					
	\square 1 \square 2 or more.					
	Enter, in Line a below, the "Ownership Costs" for "One Car" from the					
23	(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Lir					
	the result in Line 23. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 1, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
	${\bf Local\ Standards:\ transportation\ ownership/lease\ expense;\ Vehicle\ the\ "2\ or\ more"\ Box\ in\ Line\ 23.}$					
	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of					
24	Monthly Payments for any debts secured by Vehicle 2, as stated in Lir					
	the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 2, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as income taxes, other than real estate and sales taxes, such as income taxes.					
	security taxes, and Medicare taxes. Do not include real estate or sale		\$			

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as volunta	as retirement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total a life insurance for yourself. Do not include premiums fo any other form of insurance.	average monthly premiums that you actually pay for term r insurance on your dependents, for whole life or for	\$	
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative age include payments on past due obligations included in I	ncy, such as spousal or child support payments. Do not	\$	
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pre-		\$	
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of y insurance or paid by a health savings account, and that is include payments for health insurance or health saving	ourself or your dependents, that is not reimbursed by in excess of the amount entered in Line 19B. Do not	\$	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
33	Total Expenses Allowed under IRS Standards. Enter t	the total of Lines 19 through 32.	\$	
	Note: Do not include any experimental Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonable dependents.			
34	a. Health Insurance	\$		
l	b. Disability Insurance	\$		
	c. Health Savings Account	\$	\$	
	Total and enter on Line 34.			
	If you do not actually expend this total amount, state y below: \$	our actual total average monthly expenditures in the space		
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses.	and necessary care and support of an elderly, chronically	\$	
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly ame Standards for Housing and Utilities, that you actually exp trustee with documentation of your actual expenses, and claimed is reasonable and necessary.	pend for home energy costs. You must provide your case	\$	
38	Education expenses for dependent children less than 1 actually incur, not to exceed \$147.92* per child, for atten school by your dependent children less than 18 years of a documentation of your actual expenses, and you must necessary and not already accounted for in the IRS Sta	dance at a private or public elementary or secondary age. You must provide your case trustee with explain why the amount claimed is reasonable and	\$	
	1		1	

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			Enter the amount that you will continganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Total	Additional Expense Deductions	s under § 707(b). Enter the total of L	Lines 34	4 through 40		\$
		Sı	ubpart C: Deductions for De	bt Pa	yment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	Ave		Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				Tot	tal: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor						
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					\$	
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b					\$	
46	Total	Deductions for Debt Payment.	Enter the total of Lines 42 through 45	5.			\$
		Su	ibpart D: Total Deductions f	rom I	Income		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$		
49	Ente	r the amount from Line 47 (Tota	al of all deductions allowed under §	707(b))(2))		\$
50	Mon	thly disposable income under § 7	707(b)(2). Subtract Line 49 from Line	e 48 an	d enter the resu	lt.	\$
51	60-m	_	707(b)(2). Multiply the amount in Li	ine 50 t	by the number 6	50 and enter the	\$

	• • • • • • • • • • • • • • • • • • • •					
52	Initial presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	☐ The amount on Line 51 is at least \$7,025*, but not more	than \$11,725*. Comp	lete the remainder of Part VI (L	ines 53 through 55).		
53	Enter the amount of your total non-priority unsecured debt	t		\$		
54	Threshold debt payment amount. Multiply the amount in Lir	ne 53 by the number 0.	25 and enter the result.	\$		
	Secondary presumption determination. Check the applicable	e box and proceed as d	irected.			
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.					
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITION	AL EXPENSE CI	LAIMS			
56	Other Expenses. List and describe any monthly expenses, not you and your family and that you contend should be an addition 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a see each item. Total the expenses.	onal deduction from yo	ur current monthly income und	er §		
	Expense Description a. b.	\$ \$	Monthly Amoun	<u>nt</u>		
	c.	\$				
	d.	\$				
	Total: Add Lines	s a, b, c, and d \$				
	Part VIII. VI	ERIFICATION				
	I declare under penalty of perjury that the information provided	d in this statement is tr	rue and correct. (If this is a join	t case, both debtors		
57	must sign.) Date: February 12, 2012	Signature:	/s/ Demetrius Bertrand Die	ckerson. Sr.		
31		- 6	Demetrius Bertrand Dicke (Debtor)			

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2011 to 01/31/2012.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: King County

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$30,086.64 from check dated 7/31/2011 Ending Year-to-Date Income: \$51,577.09 from check dated 12/31/2011

This Year:

Current Year-to-Date Income: \$3,954.40 from check dated 1/31/2012 .

Income for six-month period (Current+(Ending-Starting)): \$25,444.85 .

Average Monthly Income: \$4,240.81 .

Remarks:

Debtor husband's July 31, 2011 YTD Gross is estimated using his 2011 W2.

Line 10 - Income from all other sources

Source of Income: wife's job at Pacific Medical Centers

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$14,189.74 from check dated 7/31/2011 .

Ending Year-to-Date Income: \$30,626.79 from check dated 12/31/2011 .

This Year:

Current Year-to-Date Income: \$4,474.89 from check dated 1/31/2012 .

Income for six-month period (Current+(Ending-Starting)): \$20,911.94 .

Average Monthly Income: \$3,485.32 .